

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Crescent Manor Care Ctrs		STREET ADDRESS, CITY, STATE, ZIP CODE 312 Crescent Blvd Bennington, VT 05201	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40258</p> <p>Based on interview and record review the facility failed to ensure that a resident was assessed for injuries and complications in accordance with professional standards and per facility policy after sustaining a fall for 1 of 6 residents in the sample (Resident #1). Findings include:</p> <p>Per record review Resident #1 was admitted to the facility on [DATE] with a history of falling at home. On 3/24/2024 Resident #1 reported to a licensed nursing assistant (LNA) that they had an unwitnessed fall. The LNA then reported the fall to a nurse working on the unit. The nurse asked the LNA to report it to the Registered Nurse (RN) who was assigned to Resident #1's care, as the RN could assess. Per statement given by the RN, s/he had not been informed that the resident had reported a fall. Because the RN was not aware, Resident #1 had not been assessed for injury or complications on 3/24/24 after reporting that they had fallen.</p> <p>A nursing progress note dated 3/29/2024 indicates that Resident #1 was noted to have a large bruise of unknown origin on the back of their head. Review of the facility incident report includes witness statements that reflect that although the resident reported having a fall, nursing staff did not complete an assessment of their condition. A witness statement provided by the LNA on 3/29/24 that states When I went in to [Resident #1's] room [s/he] was sitting on the side of [her/his] bed. [S/he] told me that [s/he] had fallen and said [her/his] neck and head hurt. I had not seen [her/him] fall or on the floor at all. I notified my nurse right away. A statement completed by the nurse on 3/29/24 states LNA came to me to about resident reporting that resident told [her/him] [s/he] had a fall. I asked [the LNA] to tell the patients nurse as [s/he] is a RN (registered nurse) and can complete RN assessment. I was working on upper end of hallway and had not seen [Resident #1] yet that morning. The RN statement written on 3/30/24 states I did not receive a report that the resident fell .</p> <p>The facility procedure titled Accident/Incident Reports states:</p> <ol style="list-style-type: none"> 1. All accidents and incidents must be reported and completed in point click care. 2. All accidents and incidents should be reported immediately to the RN Supervisor for assessment . <p>Per interview with the Director of Nursing (DON) on 4/2/24 at 4:10 PM, during the facility investigation of the bruise of unknown origin identified on 3/29/24 it was discovered that on 3/24/24 Resident #1 had reported to a LNA that s/he had fallen. The RN who was assigned to Resident #1 reported that s/he was not aware of the fall. The DON confirmed that the resident should have been assessed at the time of the fall and was not.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Sandr M. [NAME], MSN, ANP-BC, ed.2019. Lippincott Manual of Nursing Practice- 11th Ed. Philadelphia, PA. [NAME] & [NAME]		